

Brighton and Sussex University Hospitals NHS Trust, UK; ³Brighton and Sussex University Hospitals, UK

Aim: To investigate the efficacy of 640-slice multidetector computed tomography (MDCT) for detection of osteo-odonto laminar resorption in the osteo-odonto-keratoprosthesis (OOKP) compared with the current standard, 32-slice MDCT.

Methods: Explanted OOKP laminae and bone-dentine fragments were scanned with 640-slice MDCT and 32-slice MDCT. Pertinent comparisons including image quality, radiation dose and scanning parameters were made.

Results: Benefits of 640-slice MDCT over 32-slice MDCT were shown. Key comparisons of 640-slice MDCT versus 32-slice MDCT included: percentage difference and correlation coefficient between radiological and anatomical measurements 1.35% versus 3.67% and 0.9961 versus 0.9882, respectively; dose-length product 63.50 versus 70.26; rotation time 0.175s versus 1.000s; and detector coverage width 16 cm versus 2 cm.

Conclusion: Resorption of the osteo-odonto lamina after OOKP surgery can result into potentially sight-threatening complications, hence it warrants regular monitoring and timely intervention. MDCT remains the gold standard for radiological assessment of laminar resorption, which facilitates detection of subtle laminar changes earlier than the onset of clinical signs, thus indicating when pre-emptive measures can be taken. 640-slice MDCT exhibits several advantages over traditional 32-slice MDCT. However, such benefits may not offset cost implications, except in rare cases, such as in young patients that might undergo years of radiation exposure.

0593: TEMPORAL ARTERY BIOPSY FOR GIANT CELL ARTERITIS: AN AUDIT OF 471 CONSECUTIVE CASES – WHAT HAVE WE LEARNT?

J. Sloane*, N. Rice, S. Walsh. *St Richards Hospital, UK*

Aim: Giant Cell Arteritis is a chronic granulomatous vasculitis of large and medium vessels. It is predominately a disease of the elderly and untreated can lead to permanent visual impairment. Whilst early steroid treatment is key, obtaining a histological diagnosis is valuable, particularly with regard to ongoing management. The aim of our audit was to assess the quality of Temporal Artery Biopsy (TAB) against national guidelines and also assess the role of ESR and CRP as predictors of positivity.

Methods: 471 consecutive patients who underwent TAB at Western Sussex Healthcare Trust between 2002–2013 were identified via the pathology database and retrospective data on patient demographics, length of arterial specimen, histology outcome and ESR/CRP levels were recorded.

Results: 70% of cases were female with a mean age of 72 yrs. The overall positive biopsy rate was 25.6%. Average biopsy length was 15.6mm (range 2–50mm). 82% of biopsies met the British Society of Rheumatology (BSR) recommendation of 10mm length.

Conclusion: Increasing biopsy length, ESR and CRP were all associated with increased biopsy positivity rate. A new referral proforma for TAB has been developed which will be presented along with further analysis of the results.

0661: A NOVEL APPROACH TO THE MANAGEMENT OF TRAUMATIC MACROGLOSSIA IN PATIENTS WITH A DEPRESSED CONSCIOUS LEVEL – CUSTOM MADE SILICONE MOUTH PROP AND HUMIDIFIED OXYGEN

A. Sanalla, F. Dengu*, M. Woods, K. Fan. *Kings College Hospital, UK*

Introduction: In tracheostomy patients with a depressed conscious level, traumatic macroglossia can occur resulting in protrusion of the resting tongue beyond the alveolar ridge. This exposes the patient to the risk of mucosal ulceration, difficulty swallowing, oropharyngeal obstruction and oral infection. Furthermore, there is limited access to the oropharynx for suctioning of secretions and basic oral care is compromised. The pathophysiology is poorly understood but thought to be due to a neuropathological mastication reflex that results in grinding, clenching, mastication and gnawing, causing traumatic injury to the tongue leading to a grossly enlarged and protruded tongue.

Case Study: In a recent case, a 42-year-old Nigerian woman with Posterior Reversible Encephalopathy Syndrome with a tracheostomy and a

depressed conscious level developed severe traumatic macroglossia with a tongue too large to reduce beyond the occlusal table.

We devised a custom-made silicone mouth prop at her bedside that maintained mouth opening and ensured repetitive injury to the tongue and oral mucosa was avoided. A mask with humidified oxygen to moisten the tongue was also applied.

Conclusion: Within 24 hours of application, mucosal ulceration improved and within 10 days, the tongue decreased dramatically in size.

0766: A RETROSPECTIVE STUDY OF HEAD AND NECK CANCER REFERRALS IN NHS LANARKSHIRE

N. Padayachee*, E. McCrory, N. Syed, V. Sood, A. Carton. *NHS Lanarkshire, UK*

Aim: Head and Neck Cancer is the fifth most common cancer in Scotland, accounting for 6–10% of new cancer diagnoses¹. Patients may present to their GP or GDP with oral lesions and early cancer detection is crucial when planning and providing optimal treatment. Is the urgent suspicion of cancer pathway is correctly utilized, meeting the current waiting time guidelines? Our aim was to examine the number of patients referred to the department as routine but diagnosed with malignancy.

Methods: Retrospective audit to identify all patients referred to NHS Lanarkshire via the Urgent Suspicion of Cancer pathway in 2013 as well as those referred as routine but were diagnosed as malignant

Results: Less than 10% of patients referred on the urgent suspicion of cancer pathway, had a malignancy. The remainder of the patients had benign lesions including traumatic ulcers and polyps. A small cohort of patients were referred as routine but were malignant

Conclusion: The urgent referral pathway displays over utilization, often with benign referrals. Further education regarding oral pathology may be beneficial with suspicion of cancer referrals. However, it is reassuring that a small cohort of patients have been diagnosed with a malignancy.

¹Information Services Division, NHS National Services Scotland

0770: TWO AUDITS ON THE TWO-WEEK WAIT HEAD AND NECK SUSPECTED CANCER REFERRALS: IS THE REFERRAL FORM BEING FILLED IN CORRECTLY AND IS THIS CONTRIBUTING TO INAPPROPRIATE REFERRALS?

J. Begum^{2,*}, M. Davies¹, J. Lawson¹, E. Burke¹. ¹Worcester Royal Hospital, UK; ²New Cross Hospital Wolverhampton, UK

Aim: The aim of the two audits was to assess and compare the accuracy and efficiency of 2WW referrals made to the oral and maxillofacial department (OMFS) at Worcestershire Royal Hospital (WRH) and New Cross Hospital (NXH).

Methods: 100 consecutive patient records were retrospectively assessed at each of the OMFS departments at WRH and NXH. At WRH the time frame extended from November 2013 – February 2014. At NXH the time frame extended from September 2013–April 2014. Paper records and scanned notes were utilised for data collecting.

Results: At WRH 8.5 % of forms were correctly completed compared to 14.6% at NXH. 94% were appropriate triaged at WRH compared to 96% at NXH. 79% of referrals were seen within 2 weeks at WRH, compared to 98% at NXH. 45% of appropriate referrals were in line with NICE CG27 guidelines at WRH compared to 42% at NXH

Conclusion: The referral forms are being filled in incorrectly at both units, highlighting a significant contributing factor for inappropriate referrals. Its accessibility needs to be addressed by ensuring an up-to-date form is available on each trusts website with completion guidelines. Primary practitioners need to be educated on NICE guidelines for urgent oral cancer referrals.

0809: OSTEOMYELITIS OF THE HEAD AND NECK

J. Olding, N. Ahmed*, K. George, K. Fan. *Kings College Hospital, London, UK*

Aim: Today, osteomyelitis of the head and neck is an uncommon condition due to the ready availability of antibiotics. However when present it can have devastating consequences, impacting on both function and